Health, Gender, and Care Work: Productive Sites for Thinking Anthropologically about the Aftermaths of Socialism

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Anthropological approaches to the study of health open up a range of questions and ways of conceptualizing social processes that are particularly valuable for understanding the transformations underway in the aftermath of state socialism. While public health and demographic analyses capture important macro-level shifts—from the dire spikes in Russia's male mortality and sexually transmitted infection rates that began in the early 1990s, to reductions in fertility and abortion that have continued throughout the region for over twenty years—public health scholars' efforts to understand these shifts are fraught with methodological and theoretical limitations that too rarely go unexamined. Anthropologists' contributions to the study of health are thus important in several ways. First, they bring together attention to macro-level changes with ethnographic-based inquiry into what such shifts mean to the various persons and institutions involved in them. Second, the anthropological lens requires us to reflect continuously upon the assumptions and interests that guide our research in light of the meanings, practices, and contradictions we encounter in the field. This iterative, reflexive, and critical attention to our own analytical processes serves, ideally, as a safeguard against unwittingly projecting our own assertions of the real or the important onto others' lives. At the very least, we need to articulate and justify our perspectives and our questions, and clarify their relevance vis-a-vis the concerns of local actors.

In this brief essay, I propose that questions related to health after socialism help explain the trajectories and trials of life (and death) in former socialist contexts by revealing how daily life is embedded in shifting formations of citizenship, practices of distinguishing public and private, and changing notions of personhood. I also suggest that anthropological aims to understand the complex changes in this region critically—that is, through the continual questioning of our own assumptions and paradigms as outsiders—may require us to engage more closely with scholars from the region. If anthropologists have done much to consider health as a situated and historical practice, we have perhaps done less to examine our own production of knowledge about health and postsocialism in this light. I will conclude by arguing the need to enrich our analyses through more systematic processes of dialogue and debate with our colleagues in Eastern Europe and Eurasia.

Anthropological paradigms are particularly salient for the study of health, which is of course much more than the commonsense notion of physical and psychological well-being suggests. Literal readings of the body and person as conjured up by scientific (medical) forms of knowledge get easily displaced in daily practice as notions of health and the body are also regularly applied to collectives, used as metaphors, and invoked in political debates whose stakes may be as high as life itself—as in urgent alarms over the health (or 'dying out') of the nation, and the need to protect the boundaries and presumed coherence of the body politic (Rivkin-Fish

2003, 2006, 2010). Sensitized to these dynamics, anthropologists trace the life of concepts related to health ethnographically in a range of terrains. Notions of health and well-being get tied to ideals of the good life, the normal, the natural, and the desirable, the racially pure and the culturally homogenous; illness and disease are variously connected with danger, contagion, pollution, chaos, the unraveling of coherence and capability, the disablement and disarray of uncertainty, the transformation and potential breakdown of social relations, the loss of control, and, finally, the looming inevitability of death (Petryna 2002; Lindquist 2005; Kideckel 2008). Health is a metaphor for constructing visions of societal (dis)functioning; it may be invoked as a modern-day allusion to personal virtue, a symbolic vehicle for conveying the imperatives of secular morality.

Health thus conceived exemplifies the processes Foucault identified as biopolitics, "the entry of life into history, that is, the entry of phenomena peculiar to the life of the human species into the order of knowledge and power, into the sphere of political techniques" (Foucault 1980:141-142). Working to specify these processes and mechanisms in contemporary contexts, anthropologists capture the ways health gets mobilized as a project targeting individual bodies, minds, and souls in order to engineer broader cultural and political-economic change. In the traumatic ruptures and visionary dreams produced in the wake of state socialism, health and the body have become key objects for such cultural machinations that aim to win political control. The agents leading such efforts range tremendously, from states to international agencies, to professionals of all disciplinary and self-made varieties. The Catholic and Orthodox Churches have become leaders in biopolitical campaigns, while Protestant missionaries are also striving to gain a foothold in saving former socialist souls, in part through disciplining bodies.

While Foucauldian inspired approaches have revealed the ways interventions in health involve politicized efforts to reform bodily behaviors and discipline subjects in many historical contexts, in the aftermath of socialism the study of such dynamics often conveys a poignant irony if not also a sense of despair. The socialist safety net, inadequate though it certainly was, has been ripped apart and left in tatters; amidst these painful (if unequally distributed) ruptures, the analysis of professional efforts to protect the population's health or re-create bodily disciplines needs to do more than Foucault and those he has inspired imagined necessary for their analyses in more stable liberal contexts. Understanding the re-creation of professional (medical) authority and power after socialism requires attending to the multiple epistemologies about bodies and selves, and competing forms of power that are circulating in post-Soviet, neoliberal societies. Some post-Soviets are coming to understand personhood through tropes of individualized selves and learning to be "responsible" for their own well-being. Yet the ability to perform such individual "responsibility" requires immense resources, from material wealth to psychological competencies and social supports—all of which are often rendered invisible in discussions of the new requirements for health.

Anthropological research on health and the body is particularly well suited to illuminate broader dynamics and consequences of post-socialist transformations. Among Western scholars, much of the work on these links has been framed as a critical inquiry comparing the ideals for

post-socialist change that Western governments, consultants, and agencies have promoted, on the one hand, with ethnographic insights into the actual processes underway and the experiences that post-Soviet people have had, on the other. Petryna's study of the post-Soviet, post-Chernobyl remaking of a sovereign and legitimate Ukrainian nation-state exposed the ways processes of statecraft unfolded at the site of individual bodies and in particular, through measures of health and disability. This brilliant analysis was one of the first studies of the former socialist world that linked the concept of health to citizenship, an ethical relationship based in reciprocal obligations between states and individuals. While Western liberal ideals envisaged 'democracy' as enabling a new, authentic form of citizenship to blossom, Petryna showed how the end of socialism and advent of market economics in Ukraine reduced the parameters of citizenship to little more than biological survival—the newly minimalist obligations undergirding the democratic state's relationship to its citizens. In the wake of the Chernobyl catastrophe and the breakdown of social support as a right of citizenship, illness and disability status became the most significant ticket one could acquire to access state welfare, and therefore, promote one's own survival.

Along with critiques of the liberal ideology surrounding citizenship, anthropologists have interrogated the assumptions surrounding public and private spheres in Soviet and post-Soviet contexts. The creation of a private sphere protected from state interference is, of course, a central ideal of liberal political thought; for many Western observers, it is also a necessary societal marker of the development of freedom and autonomy in the aftermath of socialism. Yet critiques of this powerful idea have emerged from at least two perspectives. Western feminists have exposed the very ideal of a private sphere as an illusion that fails to acknowledge how domestic spaces and the gendered relations within them are highly structured by broader political-economic forces; the notion of a private sphere outsider of state control naturalizes women's disproportionate burden of labor in the household. Another body of work has challenged assumptions about public and private spheres during the Soviet era. Whereas many scholars saw Soviet society as itself divided into the public spheres of dissimulation where people largely pretended to comply with the regime, and private spheres of 'authenticity,' where they spoke the 'truth,' Yurchak (2003, 2006) has demonstrated that Soviet citizens related to the state through pragmatic uses of Soviet language that neither 'bought into' nor necessarily intended to 'resist' the Soviet project. Such reconceptualizations insistently remind us of the need to question Western ideological assumptions about Soviet society (frameworks, we should note, that often get reproduced by Russian-based scholars as well), and the transitions that have followed.

One theme of my work (Rivkin-Fish 2005a, 2005b) has examined the ways ethnographic insights into Russia's health care relations challenges dominant Western understandings of (post) socialist health care as mired in physicians' cynicism and corruption. Hospitals and clinics—state health care institutions—do not readily bring to Westerners' minds the issue of public and private spheres. Yet I found that understanding Russians' implicit practices of distinguishing bureaucratic/state/public and personal/private modes of relationality (versus spaces) was necessary for explaining why different women in a single maternity hospital were treated quite

distinctly by the same doctors. Drawing on Gal and Kligman's (2000) notions of publics and privates as nested (rather than spatially divided and distinct) spheres, I showed how Russian physicians and women patients constructed personalized and privatized forms of relationality inside of state sponsored clinics. These strategies aimed at creating trusting relationships in bureaucratic institutions widely recognized as structured to routinize abuse for patients and professionals alike. Relationships situated within personalized spheres were more likely to mobilize regimes of affection and obligations of kinship, and consequently produce a vision of medical practice as authoritative and benevolent power. While exposing the ways that such strategies led actors systematically to misrecognize their own deployments of power and exclusion, I reject viewing such relationships as 'corruption.' Such simplistic characterizations fail to capture the ways Russians' moral strivings get so often tangled up within structural and institutional frameworks that set people up to reproduce inequality. Ethnographic insights into these dynamics, I believe, help undo common Western assumptions that Russians have a penchant for illegality, by highlighting the socio-economic and political frameworks that structure certain kinds of practices as morally legitimate (Rivkin-Fish 2005a, 2005b). The ethnographic analysis of local constructions of public and private helped me make sense of the active struggles I witnessed by many Russian physicians to achieve an ethical form of practice and gain recognition as authoritative experts, in a context set up to thwart these very goals.

Citizenship, publics and privates, and the negotiation of bureaucratic and professional forms of power and authority, are theoretical topics that enable us to critique Western political experts' and policy makers' assumptions about the Soviet and post-Soviet world. Health care is a particularly rich site for analyzing these processes. It opens up inquiries into the ways cultural and historical institutions create the conditions in which both professional subjects and lay subjectivities get produced and made into terrains of struggle for authority, power, discipline, and yearnings for recognition, care, and dignity. Indeed, a host of talented anthropologists have recently examined health and health care ethnographically in the region as formations situated and emerging at the nexus of states, NGOs, markets, and religious institutions, and as embedded in the search for moral revival. The modes of redemption are sometimes spiritual, sometimes secular. To name just a few, Erin Koch (2006) has examined the unintended consequences of international humanitarian organizations working to contain tuberculosis in Georgian prisons; Ema Hresanova (2010) analyzed the competing moral logics that characterize conflict between Czech health providers and human rights-oriented patients at odds over control of the birth and post-partum process; Sarah D. Phillips (2011) has explored the relationships formed by international and Ukrainian NGOs collaborating to advance the rights and needs of disabled people; Jarrett Zigon (2011) examines the cultural politics and moralities produced in the Orthodox Church's efforts to treat Russians with HIV; and Eugene Raikhel (2010) explores the techniques and epistemologies that shape Russian experts' views on alcohol addiction treatment. In these works we learn how scientific/ medical and moral forms of authority get produced and contested within local worlds that are always already in dialogue with broader global discourses and political-economic processes of constraint, exclusion, and promise.

I find these approaches compelling and insightful for highlighting the ways that 'democratizing' processes are not the 'value-free,' 'open,' 'pluralistic,' or benevolent forces that their proponents claim, but are fraught through with politicizing effects that establish new exclusions on top of historical ones. Yet it is important to note that these concerns do not necessarily coincide with the visions and concerns of post-Soviet people, many of whom find the task of exposing the existence of power relations at the micro-level (within democracy or any other political organization) to be an act that does little more than stating the obvious. My Russian friends—academics and others—never expected 'democracy' to be the utopian freedom its advocates claim in its name, for they find literal readings of political rhetoric naïve and unwarranted. Their concerns, rather, have more to do with practical and aesthetic matters of life: discerning the criteria for high quality, trustworthy, and competent health care, and figuring out how to access it for themselves and their loved ones. Another key need involves the struggle to retain one's dignity in a world where abusive power, exploitation, and uncertainty pervade the life of society—a situation characterizing both Soviet and post-Soviet worlds. Pleasure, through both connection with others, and escape, is also highly important for well-being, for understandings of what it means to truly be alive.

I urge anthropologists to turn our attention to these multiple and competing logics, to de-center American (contemporary Puritanical) assumptions of health. This involves asking new kinds of questions, some of which may decenter the peculiar combination of ascetic, rationalistic, and consumer-driven assemblages now in vogue in the United States' middle-class health culture. We would do well to ask: what are the ironies that attend post-Soviets' confrontations with liberal and neoliberal imperatives well-being and rationality? I have argued thus far that ethnography is an important vehicle for learning about these confrontations. But another important strategy involves engaging in dialogue with scholars and critics from the region itself. Both the value of our critiques, and the conceptual particularities (limitations) of our paradigms, will become more readily discernable when we take local anthropologists as serious interlocuters and critics.

It is notable, for instance, that Russian sociologists/anthropologists and gender scholars who focus on health and social change do not generally elaborate critiques of liberal political assumptions. Pioneers of gender, sexuality and health research such as the eminent Igor Kon, and the renowned gender scholars Anna Temkina and Elena Zdravomyslova, for example, have emphasized processes of 'modernization,' along with tropes of individual freedom or repression, in their analyses of social transformations since the Soviet era (Temkina 2009). Their visions of 'modernization,' notably, entail sober visions of change, less securely linked to 'progress' than to multi-faceted processes of individualization, commercialization, and new forms of inequality. The concept of repression spoke to the experiences of these scholars, who lived through political eras in which virulent and violent attacks were regularly waged against people deemed to represent non-conformist gender and sexual practices. Kon (1997, 1998, 1999) actively worked to promote sexual "enlightenment," to catalyze open, public dialogues in Russian society about sex as a historical and cultural construct, and to advocate for human liberation through sexual

freedom. Temkina (2008) and Zdravomyslova and Temkina (2002, 2009; and together with Finnish colleage Anna Rotkirch 2009) have distilled the ways emerging formations of private life and intimate relations have become signifiers of new, middle- class distinction. Intimate relations, they demonstrate, are becoming increasingly made the object of reflexive thought, negotiation, and an arena for attempts to rationalize and manage one's life. Sexuality, for example, is becoming an arena in which aspiring middle class women express their desires for autonomy and sense of self as a 'modern' subject; similarly, this new, post-Soviet generation more commonly deploys contraception as a means of deliberately managing the timing of childbearing (Zdravomyslova, Rotkirkh and Temkina 2009:13). The active construction of 'privacy' and notions of 'modernity' are thus ethnographic facts that contemporary Russian scholars find highly compelling for making sense of the symbolic and material constructions of their rapidly stratifying society. At the same time, their analyses acknowledge the tensions and inconsistencies of these efforts to produce a 'private sphere,' given both the lack of trust characterizing state institutions and the immense risk perceived in daily life. Thus, they show how the burdensome requirements for care work in this new 'private sphere' have led Russian middle-class women to commercialize care work, bringing nannies into their homes to care for their children—and exposing the ironic impossibility of realizing the idealized privacy of the 'private' sphere (as well as the highly class-based character of this pursuit). For Zdravomyslova and Temkina, writing and living in a society where the promising dimensions of the liberal project—including personal and community security, a domestic sphere protected from the violence of state intrusions, and an economically comfortable standard of living—remain unfilled and greatly desired, the notion of critiquing liberalism as a central scholarly aim is makes little sense. They have, rather, choreographed a critical, gendered perspective on social change attentive to inequalities and power that speaks to questions of immediate concerns given their situated positions.

In the introduction to their recent edited collection, *Health and Trust: A Gendered Approach to Reproductive Medicine*, Zdravomyslova and Temkina (2009) discuss their decision to include a series of autobiographical essays and journal writings by Russian women who critically analyze their own experiences of Russian reproductive medicine. The editors explained how these materials serve their broader goals for shifting commonsense notions of their society's medical and gender systems, which they define as: 'desacralizing' the topics surrounding reproductive health in order to overcome perceived taboos on their discussion and establish an open dialogue about them; to inspire reflexive conceptualizations of the body in public debate, to deconstruct widely circulating notions of 'correct' or 'natural' femininity and 'responsible motherhood' to expose their politicized effects; and to explain the structural causes that make Russian medicine so often a site of severe conflict and personal suffering for women patients (2009:16-17). These concerns are compatible with global anthropological discourses and also particularly salient to the Russian readers assumed to be the main audience of these texts. Zdravomyslova and Temkina craft their subtle social analyses for purposes relevant to their own political context, while also maintaining a connection with global concerns and debates. We can

learn much about the ways they and other scholars in Eastern Europe and the former Soviet Union theorize and analyze health and the body: understanding the differences and similarities with our own approaches will help us historicize our obsessions, may help us conceptualize new audiences for our work, and even shift our paradigms. Discussions of our overlaps and differences may reveal how institutional, academic, and political-economic spaces shape the production of our knowledge. Seeking out dialogue and attending more closely to how the situated character of personal and academic life in both the region and at home shapes the production of knowledge about health and social change will enrich our work tremendously.

References:

Foucault, Michel. 1980. *The History of Sexuality. Vol. 1* . NewYork: Vintage Books.

Gal, Susan and Gail Kligman 2000. *The Politics of Gender After Socialism*. Princeton, NJ: Princeton University Press.

Hresanova, Ema. 2010. "The Moralities of Medicine and Birth Care in the Czech Republic: The Case of the Arrested Mother" Durham Anthropology Journal 17(1): 65–86.

Kideckel, David. 2008. *Getting By in Postsocialist Romania: Labor, the Body, and Working-Class Culture*. Bloomington: Indiana University Press.

Koch, Erin 2006. "Beyond Suspicion: Evidence, (Un)certainty, and Tuberculosis in Georgian Prisons". American Ethnologist, 33(1): 50-62.

Kon, Igor Semenovich.

1997. *Seksual'naia kul'tura v Rossii: Klubnichka na berezke*. Moscow: OGI.

1998. *Lunnyi Svet na Zare. Liki i Maski Odnopoloi Liubvi*. Moscow: Olimp; OOO 'Publishing Firm AST."

1999. *Vvedenie v seksologiiu*. Moscow: Olimp; INRA-M.

Lindquist, Galina. 2005. *Conjuring Hope: Healing and Magic in Contemporary Russia*. New York: Berghahn Books.

Petryna, Adriana. 2002. *Life Exposed: Biological Citizens after Chernobyl*. Princeton, NJ: Princeton University Press.

Phillips, Sarah D. 2011. *Disability and Mobile Citizenship in Postsocialist Ukraine*. Bloomington: Indiana University Press.

Raikhel, Eugene. 2010. "Post-Soviet Placebos: Epistemology and Authority in Russian Treatments for Alcoholism." Culture, Medicine and Psychiatry, 34(1): 132-68, 2010.

Rivkin-Fish, Michele.

2003."Anthropology, Demography, and the Search for a Critical Analysis of Fertility: Insights from Russia" American Anthropologist 105(2):289-301.

2005. *Women's Health in Post-Soviet Russia: The Politics of Intervention*. Bloomington: Indiana University Press.

2006 "From 'Demographic Crisis' to a 'Dying Nation': The Politics of Language and Reproduction in Russia" in Gender and Nation in Russia, Helena Goscilo and Andrea Lanoux, eds. University of Northern Illinois Press, pp.151-173.

2010 "Pronatalism, Gender Politics, and the Renewal of Family Support in Russia: Towards a Feminist Anthropology of 'Maternity Capital'" Slavic Review 69(3): 701-724.

Temkina, Anna. 2008. Seksual'naia Zhizn' Zhenshchiny: Mezhdu podchineniem i svobodoi. St. Petersburg: European University of St. Petersburg.

Yurchak, Aleksei.

2003. "Soviet Hegemony of Form: Everything Was Forever, Until It Was No More." Comparative Studies in Society and History 45 (3):480-510.

2006. Everything Was Forever, Until It Was No More: The Last Soviet Generation. Princeton: Princeton University Press.

Zdravomyslova, Elena and Anna Temkina, eds.

2002. V Poiskakh Seksual'nosti. St. Petersburg: European University in St. Petersburg.

2009. Zdorov'e i Doverie: Gendernyi podkhod k reproduktivnoi meditsine. (Health and Trust: A Gendered Approach to Reproductive Medicine) European University of St. Petersburg.

Zdravomyslova, Elena, Anna Rotkirkh, and Anna Temkina, eds. 2009. Novyi Byt v Sovremennoi Rossii: gendernye issledovaniia povsednevnosti. (The New Daily Life in Contemporary Russia: Gender Research of the Everyday). St. Petersburg: European University of St. Petersburg.

Zigon, Jarrett. 2011. HIV is God's Blessing: Rehabilitating Morality in Neoliberal Russia. University of California Press.

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